



Created Date: 14/01/26
Pickup Date: 14/01/26



295488643

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SHIPMENT PICKED FROM: SELF DROP

Shipper's Name: STARKENTERPRISE25RP B2BRC

Shipper's phone no:

Street Name: 43\45 V V CHANDN STREET MAJIDBUNDER

City: Mumbai State: Maharashtra Postal Code: 400003

GSTIN:

SHIPMENT INFORMATION

SHIPPER'S REFERENCE NO.: oid202601141822071 MOT: Road ROV: BY SHIPPER

INVOICE NO.: 2851 EWBN : 242118245122 Freight Payment: FoP Invoice Value Payment: Pre-paid

TOTAL INVOICE VALUE: 124405.0 MASTER AWB: 40880110005235 POD on Invoice: Not required

BOXES x DIMENSION (LxWxH) cm	ACTUAL WEIGHT(kg)	SAID TO CONTAIN
1 Box: 38x36x18 1 Box: 38x36x17	63.44	BEARING

TOTAL NUMBER OF BOXES: 2
2 boxes already delivered

REQUIRED SIGNATURE - ORIGIN:
DELHIVERY EMP ID:.....
SHIPPER'S SIGN:.....

DELHIVERY LIMITED
REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)
TRANSPORTER ID: 06AAPCS9575E1ZR
CIN No: U63090DL2011PTC221234
PAN: AAPCS9575E

SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)
REGISTERED OFFICE: Thanavan, 23/24, Infantry Road, Bengaluru, India (560001)
TRANSPORTER ID: 29AAQCS5815Q1Z1
CIN No: U63090GJ2011PTC108834
PAN: AAQCS5845Q

For terms and conditions visit www.delhivery.com

SHIPMENT DELIVERED TO: SELF COLLECT

Recipient's Name: SAINSONS PAPER INDUSTRIES PVT LTD

Recipient's phone no.:

Street Name: PLOT NO 5, VILL BAKHLIPEHOWA, KURUKSHETRA

City: Pehowa State: Haryana Pincode: 136128

GSTIN: URP

Address/Store Code:

POD REMARKS

ALL OKAY <input checked="" type="checkbox"/>	SHORT BOX? <input type="checkbox"/>	Date of receipt of goods: 18/01/2026
If yes, number of short boxes: _____		Time of receipt of goods: 11:40:28
		DELIVERED TO: SAINSONS PAPER INDUSTRIES
DAMAGED CONTENT? <input type="checkbox"/>	ITEMS MISSING IN RECEIVED BOXES? <input type="checkbox"/>	Signature and stamp not required Delivered with OTP
If yes, number of boxes having damaged content: _____	If yes, mention the AWB no(s) of boxes having pilferage:	
	If yes, number of short items: _____	
	Please describe the short items:	

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